

current subgroups. The planning committee had arranged in advance to furnish the moderator and discussion leaders of each of these groups with a common outline that would serve as a uniform frame of reference. This outline attempted to form a structural common denominator into which one could place the basic items of program objectives and program procedures, as well as methods of evaluation of both the objectives and the procedures.

Five sample public health "programs" were selected to illustrate the possible use of such a framework and to serve as a discussion base to work out the over-all scheme and to afford a jumping off point for future recommendations in the field of program planning and evaluation. The sample programs selected were accident prevention, cancer control, fluoridation, premature care and tuberculosis control. After two days and two nights of formal and informal deliberations, a plenary session was held at which a summary of the discussions was aired and recommendations considered for future action.

Four specific recommendations eventuated and were unanimously adopted. They were:

1. That a committee be appointed to develop uniform terminology and nomenclature for use in discussing and planning evaluation procedures.
2. That persons associated with each of the agencies present at the conference plan to evaluate at least one aspect of their programs or objectives during the coming year.
3. That a second conference be held about a year after the first at which one of the functions should be a summary of reports on the evaluation projects carried on as a result of the second recommendation above.
4. That a national clearing house and repository of information for evaluation in public health should be established under the jurisdiction of the Committee on Administrative Practice of the American Public Health Association.

We believe this conference represents an excellent additional step along the road to objective and comparable evaluation. Too much of what has passed for evaluation in the past has been subjective and insufficiently documented to permit comparison with other programs elsewhere, or even with the same program at different times. We congratulate the planning committee, the University of Michigan School of Public Health, and the participants in the First National Conference on Evaluation in Public Health on what we believe is a firm and noteworthy step in the right direction.

The Geneva Conference on Peaceful Uses of Atomic Energy

✻ International conferences are so characteristic of our times that one more may stir up little or no excitement, except for the fact that the August, 1955, Geneva conference dealt for the first time in history with atomic energy. The magic words "atomic energy" distinguish this meeting from any other previously held, because a tense world dramatically fears and hopes to benefit from the revolutionary possibilities of the great discoveries of the mid-twentieth century.

This conference had especial significance in that over 70 countries participated; that political implications were nonexistent; that technical promises for the future in medicine, biology, and industry were elaborated for a peaceful use; that almost

millenia for power production were hinted at and even promised; and that scientific material was released in large amounts from the restraints of security. The scientists participating gave an impression of exhilaration in being permitted once more to meet and talk with their peers from almost every country in the world. Not all was disclosed, but far more than anyone had supposed would see the light of day.

No small part of the plenary and special sessions concerned themselves with the applications of nuclear energy to biology, medicine, and wastes. Protection of public and worker against ever-present hazards of production, of use and of the potentialities of accident were discussed in many sessions with frankness and with reassurances to the man in the street. Even the unsolved problems were clearly spelled out to challenge the investigator. The promises and hopes for industrial applications likewise consumed much time for presentation. The exhibits of instrumentation, of medical application, of industrial and research use by the United Kingdom, Canada, France, USSR and the United States were superb. Thousands of laymen paraded through these, day by day, enthralled by this new world.

Although myriads of problems were posed in the field of public health interest and responsibility, the health officer was conspicuous by his absence at this epoch-making international conference of the twentieth century.

Help in Starting Medical Practice

The Sears Roebuck Foundation is making available 10-year unsecured loans of up to \$25,000 to physicians who seek to establish practice, but are unable to get full local financing. For the first experimental year, \$125,000 has been allocated for at least one loan in each of five regions of the country.

Applications are considered on the basis of need, expected use of the funds, and the applicant's own effort in understanding and solving his problem. He must furnish information about the prospective area of practice, the need for medical care, existing medical resources, benefits to the community expected, and the conditions making for a successful practice. Applications are screened by a Medical Advisory Board

appointed from nominations made by the Board of Trustees of the American Medical Association, which is cooperating in the plan chiefly through physician placement offices of state medical societies. Chairman of the Advisory Board is F. J. L. Blasingame, M.D., Wharton, Tex.

Applications should be sent to the office of the region in which the proposed practice is to be established. Director, Sears Roebuck Board, Pacific Coast-2650 Olympia Blvd., Los Angeles 54, Calif.; Southwest-1409 So. Lamar St., Dallas 2, Tex.; Midwest-8 E. Congress St., Chicago 5, Ill.; South-675 Ponce de Leon Ave., Atlanta, Ga.; East-4640 Roosevelt Boulevard, Philadelphia 32, Pa.